		(X1) PROVIDER/SUPPLIE			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	HFD03-0248		A. BUILDING B. WING		06/30/2008			
	DOMBER OF SUPPLIES	111 003-02-0	OTDEET ADI	DDESS CITY	STATE ZID CODE	1 00/3	0/2.000	
505 1/2 57			ODRESS, CITY, STATE, ZIP CODE 7TH STREET NE GTON, DC 20019					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	/E ACTION SHOULD BE C D TO THE APPROPRIATE		
1 000	INITIAL COMMENTS A initial licensure survey was conducted on June 30, 2008. The client population included six females with varying degrees of mental retardation. The findings of the survey were based on observations at the group home and interviews with the management staff in the residence and the review of the administrative and habilitation records.			1 000	For clarification, the licensur conducted on June 30, 2008 to at 505 ½ 57 th Street, NE; population included seven m varying degrees of mental re No female lives at the home.	ook place and the ales with		
1 074				1074		2008 JUL 2	AACE I	
	Each bedroom sha following items for (c) Drawer space; a This Statute is not Based on observat	ll be equipped with a each resident:	t least the			24 P 3 53	NI OF HE WILLIAM TO THE WILLIAM THE WILLIAM TO THE WILLIAM THE WILLIAM TO THE WILLIAM THE WILLIAM TO THE WILLIA	
1 082	resident. The finding include A n environmental revealed that the cluder off track. 3503.10 BEDROOF Each bathroom that equipped with toiled dispenser, soap for adequate lighting.	inspection bedroom a hest drawers for each MS AND BATHROOI at is used by residents t tissue, a paper towe r hand washing, a min	#2 In resident MS Is shall be Is and cup In and	I 082	The chest of drawers in bechave been put back on the thorough internal inspection place to ensure that all furnis safe and in good working Environment of Care inspection regularly scheduled, and repair needed.	track. A is taking shings are condition.	07/25/08 and on-going thereafter	
Lienth D		met as evidenced by ions and interview at				·- <u>-</u>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

(X6) DATE

		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
HFD03-0248			B. WING		06/30/2008		
NAME OF P	ROVIDER OR SUPPLIER	ж.			STATE, ZIP CODE		
			7TH STREET NE GTON, DC 20019				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (COM		
1 082	Continued From pa	ge 1		I 082			
	GHMRP failed properly equip each bathroom with the appropriate items to meet each residents need.						
	The findings include:						
	During the environmental walk-through on June 30, 2008 revealed the following;						
	Bathroom #1 did not have soap for hand washing, paper towels, cups and cup dispenser.				All staff, the RD and the QMRP are bei instructed regarding the regulation the each bathroom be equipped with to		07/25/08
	2. Bathroom #2 did not soap for hand washing, paper towels, cups and cup dispenser.		ashing,		tissue, a paper towel and cup dis soap for hand washing, a mir adequate lighting in good workin	ror and g order.	
I 0 90	3504.1 HOUSEKEEPING			I 090	All items are available in the facility; the RD will conduct a cursory w		
	The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.				through on a daily basis to ensure bathrooms stay stocked wit appropriate items.		
	Based on observati ensure the interior a was maintained in a attractive, and sanit	met as evidenced by on, the GHMRP faile and exterior of the Glassafe, clean, orderly, ary manner and be firt, rubbish, and object.	d to HMRP ree of				
	The findings include:						
	Internal				Checking windows for screens in the internal environment of monitoring review, which is so	f care	07/25/08
	1. Resident #5 and #7 bedroom window was missing the protective window screen.		/ was		twice each year, at a m Maintenance has been notified replace the missing screens	inimum.	
	2. The cabinet underneath the kitchen sink was				. Tp. 200 the fillioning coroons		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
HFD03-0248			B. WING _	B. WING		06/30/2008		
NAME OF F	ROVIDER OR SUPPLIER				STATE, ZIP CODE			
CARECO)	. • *		7TH STREE STON, DC 2 				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	N SHOULD BE COMPLETE		
1 090	 Continued From page 2 observed with water damage. 3. The GHMRP storage closet was did not have lighting. 4. The storage cabinet underneath the sink was loose. 			1 090	The cabinet underneath the kitchen sink will be repaired with vinyl covering to ensure that water damage does not occur. The review of all aspects of the kitchen are part of the internal environment of care monitoring.		07/25/08 and on-going thereafter	
	5. Bathroom #2 was missing light bulbs from its fixture.6. The living room carpet was torned and dirty.				The house has been thoroughly and all repairs are in the process completed. An environment of through will be regularly conduissues identified will be addres	s of being care walk- icted, and	07/25/08 and on-going thereafter	
	7. The sofa and a chair was torned.							
	8. Resident #5 and #7's bedroom ceiling air vent was missing the protective grill cover.							
	9. Resident #1 ceiling air vent was missing the protective grill cover.		sing the					
	10. The storage closet door on the second level hallway was off track and unstable.			·				
	11. A mattress and a box spring was stored in bedroom # 2.					. •		
	12. Bathroom #3 has a brown substance smeared on the wall.							
	13. Bathroom #1 had no lighting over the shower area.							
	External							
 Trash and garbage were near the driveway in the rear of the facility. Several grills, old chairs, mattress and box springs were being store on the side of the 			iveway in					

PRINTED: 07/16/2008 FORM APPROVED

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING HFD03-0248 06/30/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 505 1/2 57TH STREET NE **CARECO** WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY 1090 1090 Continued From page 3 facility. 07/18/08 The grass has been cut and trimmed. 3. The grass surrounding the facility was not and and is now on a schedule to be done being maintained properly. on-going every two weeks. thereafter 1160 1160 3507.1 POLICIES AND PROCEDURES Each GHMRP shall have on site a written manual describing the policies and procedures it will follow which shall be as detailed as is necessary to meet the needs of each resident served and provide guidance to each staff member. This Statute is not met as evidenced by: Based on interview and record review the GHMRP failed to ensure implementation of the agency's written policy and procedures. The finding includes: A copy of Careco's policy and procedure On June 30, 2008, interview and record review 07/25/08 is now in the home for staff to review. All that the GHMRP did not evidence a copy of the appropriate Careco binders and manuals agency's policy and procedure manual for review will be provided for their use. (i.e., by the regulatory agency. Human Resources, Human Rights Committee Minutes and Information, etc.) Health Regulation Administration

STATE FORM

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If continuation sheet 4 of 4

CARECOGROUP

CARECO INC. - CARECO MENTAL HEALTH SERVICES INC. - CARECO HOME HEALTH SERVICES INC. CARECO OF MARYLAND INC.

July 21, 2008

Government of the District of Columbia Health Care Regulation and Licensing Administration Patricia W. VanBuren, Program Manager 825 North Capitol Street, NE 2nd Floor Washington, DC 20002

Dear Ms. VanBuren:

Please see the attached Plan of Correction to the Statement of Deficiencies found at $505 \frac{1}{2} 57^{\text{th}}$ Street, NE, Washington, DC 20019 per inspection of the facility on June 30, 2008.

If you have any questions, or need any further details or information, I can be reached at 301-565-9400, extension 222, or by e-mail at DennisLewis@CarecoGroup.com.

Sincerely,

Dennis Lewis

Director of Operations